

The book is portable (pocket sized), well organized around three clinical settings, and easy to read. The detailed descriptions of procedures provided would be useful to clinical clerks or interns on obstetric



rotations. Descriptions include artificial rupture of membranes, placement of intrauterine pressure catheter, episiotomy repair, and dictation of a cesarean section note. Many illustrations are reproduced from standard textbooks. These descriptions serve as guidelines, which obviously would have to be adapted to individual settings and practice patterns.

Unfortunately, the book is rife with personal recommendations and conclusions from the author based on 6 years of experience in private practice and delivery of more than 2000 babies. His statements are often unsupported by the current literature. For example: "While driving poses no inherent dangers to the new mother, she may pose dangers to others in the first few weeks. It seems prudent to proscribe driving for the first few weeks."

"Breast-feeding probably does offer some modest benefits over bottle-feeding."

"By the late 1980s, papers were emerging that suggested that VBAC was actually safer than a repeat cesarean before the onset of labour. However, my own experiences and the subjective observations of many

of my colleagues leave room for substantial doubt."

"It is not clear whether the increase in the cesarean section rate is entirely without merit."

"In a real sense, aspartame is safer than sugar, since chronic exposure to large doses of sugar may lead to obesity and increased risk of cesarean section and diabetes."

Although the technical descriptions of procedures could be useful to inexperienced house staff, the sections on prenatal care are incomplete, oversimplified, and at times confusing and inaccurate. The chapter on common concerns and problems of pregnant women includes only fetal movement, vaginal and urinary tract infections, sex, abdominal pain, and leg cramps. There is no mention of nausea, vomiting, constipation, nutrition, back pain, dizziness, fatigue, exercise, work, etc. The chapter on blood sugar and diabetes shifts between gestational diabetes and pre-existing diabetes confusingly. Although the author alludes to many of the controversial issues in obstetrical care, he invokes personal opinions rather than directing the reader to relevant literature or conclusions from careful studies.

This manual emphasizes the technical aspects of obstetrical care. The underlying message appears to be how to survive the obstetrics rotation rather than how to practise obstetrics. Other than the statement that "the prospective mother's economic circumstances and living conditions are also relevant," there is no mention of psychosocial issues in pregnancy and childbirth. Women are not considered active participants in their care or birth experiences and the importance of their families is not mentioned.

In summary, I would not recommend this book for our family medicine residents. Although some might find the technical descriptions useful and the recipes for case write-ups comforting, I believe the book could foster dubious attitudes and medical practices. Practising physicians would probably not find this manual particularly useful and would find many points of disagreement with the author.

— Dr Anne Biringer

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Available

Consultation/SIDA

Les professionnels de la santé du Québec disposent maintenant d'une ligne de consultation téléphonique pour mieux servir les personnes vivant avec le VIH ou le SIDA. Consultation/SIDA, favorisant une prise en charge locale, est offert par l'Unité hospitalière de recherche, d'enseignement et de soins sur le SIDA de l'Hôpital Royal Victoria. Du lundi au vendredi de 8h30 à 16h30 au 1 (800) 363-4814.

AIDS hotline

There is now an information hotline to help health care professionals in Quebec meet the needs of people living with HIV or AIDS. Royal Victoria Hospital's AIDS/Consultation, promoting care at the community

level, can be reached Monday to Friday, from 8:30 AM to 4:30 PM by dialling 1-800-363-4814.

Centre de recherche en gérontologie et gériatrie

En janvier, l'Hôpital d'Youville de Sherbrooke a inauguré son Centre de recherche en gérontologie et gériatrie, composé de 14 chercheurs actifs et d'une vingtaine de chercheurs associés travaillant en équipes multidisciplinaires. C'est un des seuls centres au Canada à s'intéresser exclusivement aux personnes âgées. Le centre a pour objectif d'obtenir le statut d'institut universitaire et de faire progresser la recherche dans les domaines biomédical, évaluatif, épidémiologique et psychosocial afin d'améliorer la qualité de vie des personnes âgées.